

A

CYCLOPÆDIA OF OBSTETRICS,

THEORETICAL, PRACTICAL,
HISTORICAL, BIOGRAPHICAL, AND CRITICAL,

INCLUDING THE

DISEASES OF WOMEN AND CHILDREN.

EACH TERM IS GIVEN

In its English, Greek, Latin, German, and French

FORM AND ACCEPTATION;

AND TO EACH ARTICLE IS APPENDED

A COPIOUS BIBLIOGRAPHY;

THE WHOLE WORK PRESENTING A

FULL AND FAITHFUL VIEW OF OBSTETRICS,

THROUGH ALL THE PHASES OF THEIR DEVELOPMENT AND

PROGRESS, TO THE PRESENT PERIOD.

ILLUSTRATED WITH NUMEROUS WOOD ENGRAVINGS.

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HIC EST, AUT NUSQUAM, QUOD QUÆRIMUS.



PREFATORY REMARKS.

The design of the author in proposing the following comprehensive cyclopædial arrangement of obstetrical terms, is to supply a desideratum of long existence in medical literature. Many similar undertakings have been accomplished in connexion with general medical science, (as, for instance, the Dictionaries of James, Cooper, Fox, Hooper, Ure, &c.,) but upon reference to their pages it will be perceived that obstetricy is but imperfectly represented, and treated in a manner totally unworthy of its great importance. It is, however, necessary to state that if obstetricy had been enlarged upon in a manner sufficiently comprehensive to have benefited professional readers, the co-operation of a large number of experienced individuals must have been secured, and the dictionaries themselves extended to a most inconvenient length, thus completely defeating the object of the authors to produce a moderate sized book for the use of the student and general practitioner. It is very evident that the science of midwifery, embracing so extensive and important a range of enquiry as that proposed to be instituted in the formation of our Encyclopædia, is worthy of a volume exclusively confined to itself, in which every term can be fully explained, and which will serve as a book of constant reference, affording all necessary information both for the study and practice of the profession. The author anticipates that this will be satisfactorily accomplished in the following pages, and conceives that common justice demands that the same attention should be bestowed upon obstetricy which the other departments of medical and surgical science have received, and that the same facilities should be afforded for obtaining a thorough acquaintance with the subject. It is the author's intention to produce a moderate sized work, compiled with the greatest care and impartiality from the best ancient and modern authorities of different countries, including every improvement which time and matured experience has suggested. Thus a most complete and alphabetical reference on every subject connected with theoretical and practical midwifery, the diseases of women and children, obstetrical history and illustration, will be produced.

In affording the necessary information and explanation of the different articles, it will be the author's constant endeavour to render to every practitioner perfect justice respecting priority of invention, or application, and to assign to each, every merit for what is really his own in scientific research, whilst no person shall be wilfully injured or neglected. On these grounds the author confidently anticipates the support and encouragement of his medical

brethren. The following arrangement of the vast amount of information collected for this work, will be preserved as far as circumstances will allow, viz. each article that requires it, will have its usual term, derivation, definition, and its mode of expression, in English, Greek, Latin, French, and German; then will follow the description, with other necessary particulars; and lastly, a list of the principal authorities to be referred to on the subject. In accordance with this arrangement will be interspersed, in alphabetical order, a complete biography of authors from Hippocrates to the present time; these memoirs will however be confined to those only who have written on obstetrics, the diseases of women and children, or subjects connected with these departments. Under the head of obstetric history will be arranged a well digested and voluminous account of this science from its earliest records, with all discoveries, and the persons to whom we are indebted for them, and every information which history and tradition will enable us to furnish in illustration of this most important branch of the medical profession.

This work will be illustrated by some hundreds of wood cuts, selected with care, and executed from the originals as correctly as possible. In justice to himself, the author deems it necessary to allude to his own valuable resources for undertaking and completing a work of this nature, having been engaged in obstetric practice for thirty years, attended many thousand cases of labour, and having in his possession one of the most extensive libraries of obstetric literature in Great Britain. In the course of his extensive practice it may be imagined that the author has gained considerable experience, the results of which will be added to the articles as they successively occur; and being the first practitioner in England who performed the operation of ovariotomy, and Laugier's operation for varix, as well as having invented several obstetrical and surgical instruments, &c., he is fully prepared to treat every subject of obstetric medicine and surgery, with the justice and attention its importance may demand. His extensive library offers every facility for the proper completion of this design, and the author fondly hopes that he shall succeed in producing a work which will be a faithful representation of practical, theoretical, biographical, and illustrative obstetrics as it now exists, and worthy of the acknowledged position which this subject occupies among the different departments of medical science. The editor also pledges himself that no article shall be curtailed in such a manner as to affect its utility, but that the plan proposed in these remarks will be strictly adhered to, without reference to time, until the whole is fully accomplished.

Having shewn to the medical public a specimen of the plan proposed, it remains to be seen if the profession will afford commensurate support to enable the author to continue the undertaking to its completion, assuring his supporters that the want of profit will not induce him to relinquish it, however acceptable it might be to him; but that the work will be continued to its close, if only a bare re-payment of the expenses be realised—thus trusting to the future for a reward in proportion to the merit evinced.

Cyclopædia of Obstetrics.

AARON.—High priest and physician, as most priests were at that period and brother to Moses. According to Lemprière, A.D. 2434.—Aiken, B.C. 1574.—Luffman B.C. 1490.—Bibl. Brit. died B.C. 1452.—As a physician he communicated to the sub-priesthood the diagnosis and treatment of some skin diseases, and for the time must have been extensively informed in medical science.

AARON, OF ALEXANDRIA.—A physician of the eighth, some say the sixth, century, who wrote extensively in the Syriac tongue, and was the first who mentioned the measles and small-pox, then new in Egypt; which he supposes to have originated there, or, what is more probable, to have been introduced by the conquests of the Arabians. His description of the above cutaneous scourges was very good, but his works are lost, except a few fragments scattered through the writings of Rhazes.

ABACTUS VENTER.—This term has been used by some Obstetric writers to signify abortion, but not by authors of repute.—*Vide Abortion.*

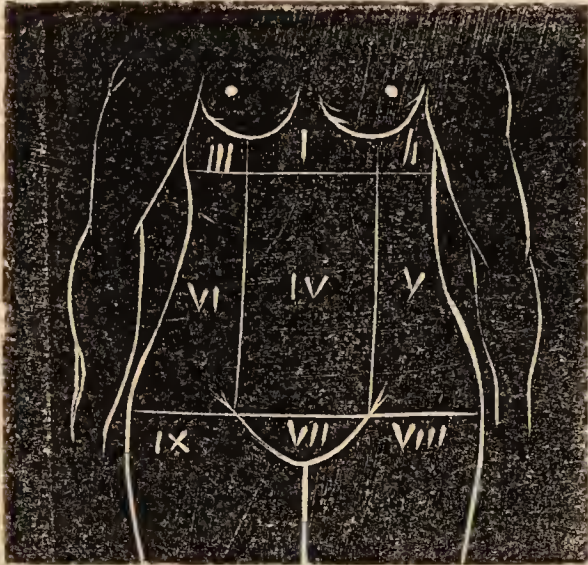
ABAS.—A term bestowed by Arabian writers upon that disease commonly known as Scald-head.

ABBAS HALI.—According to Lemprière he wrote a book, A.D. 940, which was translated in 1127, and this induced Dr. Astruc in his learned memoir to class him as of the twelfth century. The same translation probably furnished the Doctor with the reversed name of Haly Abbas, a matter however of little consequence. This ancient physician, in his *Regalia Dispositio*, which is a theoretical and practical treatise on diseases, treats of some of the diseases of women and children; but most of his observations, though lengthy, are confined to the effects of recipes long since exploded.

ABDOMEN.—*Abdomen*, F. *Abdumen* (from *Abdere*, to conceal) *venter*, *m. venter imus*—*infimus*, *alvus*, *f. L. γαστήρ*, Gr. *untérleib*, *unterbauch*, *schmeerbauch*, G.—The belly. One of the three great visceral cavities of higher animals. In the human species, bounded above by the diaphragm; posteriorly, by the lumbar vertebræ; laterally and anteriorly, by the muscles and integuments proper to the abdomen; and communicating below with the cavities of the pelvis. The abdominal cavity is invested interiorly by the peritoneum, and contains the chylopoietic organs, abdominal vessels, thoracic duct, and part of the urinary and generative organs. If two imaginary lines are drawn across the parietes of the abdomen, one passing over the ensiform cartilage and the convexities of the cartilaginous portions of the ribs, marks the epigastric region anteriorly, and the right and left hypochondriac regions laterally; the other

line extends from one anterior superior spinous process of the ilium to the other; and the space between this and the former line is divided into the mesogastric, or umbilical, and the right and left iliac regions on either side. The middle space under the last line is termed the hypogastric, and on either side lie the inguinal regions, right and left; whilst the whole of the posterior part of the abdomen is called the lumbar region.

A glance at the following diagram will satisfactorily shew the different regions, excepting the lumbar, which is situated posterior to the view.



1. Epigastric region. 2 and 3. Hypochondriac regions. 4. Meso-gastric or umbilical regions. 5 and 6. Iliac regions. 7. Hypogastric region. 8 and 9. Inguinal regions.

To the Obstetrician every particular connected with the abdominal cavity is of great importance, as will be proved upon reference to the various articles.

ABDOMEN, CAPACITY OF.—Is exceedingly variable, and is constantly differing in form and extent, according to the attitude and position of the body and various other circumstances. Its developments are often very extraordinary in cases of obesity, pregnancy, ovarian, and uterine diseases, ascites, tympanites, &c. The male abdomen is capable of considerable extension, but the greatest extremes are to be observed in the female; for instance, a multilocular ovarian tumour has been removed by the editor of this work, which weighed seventy-three pounds avoirdupois, and from seventy to ninety pints of fluid have frequently been at one time removed from the female abdomen in cases of ovarian diseases, ascites, &c. A case lately occurred to the author, in which a full period pregnancy was combined with ascites, the child weighing nine pounds, with a large collection of liquor amnii, being born, and forty-eight hours after, paracentesis abdominis was performed, when forty-five pounds of ascitic fluid was removed. As may be easily imagined, the extension of the abdominal walls was extreme. The large quantity of liquor amnii arose from a dropsical affection of the uterine membranes (Hydramnios) described by Ryan, R. Lee, and many others, but a case similar to this, of ascites, hydramnios, and pregnancy combined, is of very rare occurrence.

ABDOMEN, CAVITY OF.—Is an elongated ovoid; concave anteriorly, laterally and superiorly; convex posteriorly, and open inferiorly. Its diameter is longest in the centre, caused by the disposition of the diaphragm upon an inclined plane. The antero-posterior diameter is most extended on the sides. Although the word cavity is used, it is evident such a term could only be strictly applied when empty of its contents, it being filled with viscera. The real cavity (if any) being the space between the reflections of the serous membrane lining the parietes of the abdomen, and the abdominal viscera, termed the peritoneum. It is in this cavity, so called, that the fluid in dropsies is deposited—that is, between the inner surface of the abdominal parietes and the anterior surface of the viscera.

ABDOMEN OF THE FÆTUS.—Is large during uterine life, but seldom interferes with the obstetrician except from some morbid cause, which is of frequent occurrence. La Motte mentions some cases of foetal ascites which produced considerable obstruction during delivery. In some cases the liver, and in others the kidneys, are often enlarged to an enormous extent. It is occasionally necessary to perforate the abdomen after the birth of the head and shoulders. Dr. Hemmer mentions a case in which it was necessary to empty the abdomen of its contents to facilitate delivery. Hydatids have been known to distend the abdomen considerably (*vide* Neue Zeitschrift für Geburtshulfe, band 4, heft 1, 1836). Great distension will sometimes occur from the accumulation of gases in the abdominal cavity when the child is dead in utero.

ABDOMEN, EXPLORATION OF.—In consequence of the numerous and serious diseases affecting the abdominal cavity, and the great liability to confound them with each other on account of similarity in their general features, careful exploration is frequently demanded, and no one more frequently requires its assistance than the obstetrician. Exploration may either be made during life or after death. In the living it is chiefly to be conducted in three ways—first, by Inspection—secondly, by Manual Examination—thirdly, by Percussion—and to these we may add Auscultation. Dr. Forbes gives some excellent information on this subject, which we cannot do better than offer to our readers.

ABDOMEN, INSPECTION OF.—By mere inspection we discover the size and form of the abdominal outline necessary in pregnancy, ovarian disease, ascites, tympanites, enlargements of the liver or spleen, or any other circumstance that may tend to increase or diminish the outline, or render it regular or irregular. For instance, in ovarian diseases there is frequently a greater fulness on one side than the other, and also irregularity of the outline. In cholic the parietes of the abdomen are contracted. In enteritis or peritonitis the inferior limbs are flexed, which enables their detection in infancy. In these diseases, and when the parietes are distended by the gravid uterus or by morbid growths, the respiration is thoracic, the walls of the abdomen being to a certain extent immovable. On the contrary, when the disease is in the chest, or at the approach of death, the respiration is indicated by the regular movements of the abdominal parietes. As inspection is but limited, we must have recourse to other methods, as for instance to—

ABDOMEN, MANUAL EXAMINATION OF.—This mode of examination is performed by the simple touch, or touch combined with pressure. When the hand is employed there are a certain number of points to be considered, such as form, size, degree, tension, solidity, temperature, sensibility, presence or absence of morbid productions, either solid or fluid, in the abdomen. When the temperature and sensibility are increased, we may detect it by the touch, or by moderate pressure, as in enteritis or peritonitis; but in the latter it should be applied towards the spine, from before backwards, anteriorly and laterally. There is, however, an inaccuracy in judging of temperature by the touch, as the sense of heat in the hand of the practitioner may be increased or diminished, as no two persons possess the same degree of sensation. We

should therefore use a small thermometer to ensure accuracy. It is not unusual to hear the patient complaining of burning heat, although, at the time, the surface appears almost of the natural temperature. In cholic, and often in intestinal irritation, the temperature of the abdominal surface is not increased, which is a distinguishing point between those diseases and inflammation. Some persons, whilst exploring, press violently on the various parts, thus causing the patient to wince or even scream, and then conclude that some visceral disease is present when, in reality, none exists; indeed violent examinations of this character would indicate the constant presence of disease of the viscera. The pressure should be moderate and gradually increased, and very frequently the tip of one or two fingers pressed down steadily upon various parts will detect disease where the broad pressure of the hand had failed to point it out. The countenance must be narrowly watched during the pressure, as it will be characteristic of the degree of suffering, should any acute or chronic disease really exist; we refer to our article, *Diagnosis*, for further information. The expression of the countenance is of considerable importance in defining disease. For the easiest mode of exploring the abdomen the patient must be placed on the back, the head raised and bent forwards, the arms extended along the side, the thighs bent on the pelvis, the legs placed against the thighs, the knees separated, and the soles of the feet resting on the bed near each other. In this way the abdominal muscles are relaxed, and the patient must be cautioned against making muscular efforts or preventing respiration. By these precautions we can generally detect tumours with ease, still it requires caution and no little experience to prevent confounding morbid growths with protuberances of the spinal column, accumulation of fæces, &c. &c. If fluid deposits are suspected, the patient must, if practicable, be placed in the erect position, so as to render the abdomen tense by the determination of the fluid to the lower part of the abdominal cavity. If the patient is unable to stand, lying on the back is the next best position, with the head low and the feet extended. The points of the fingers of one hand must be placed against the parietes of the abdomen on one side, whilst with the other hand a smart tap is given to the opposite side of the abdomen, when if any fluid exists the fluctuation will be felt more or less distinctly, according to circumstances, against the tips of the fingers. Sometimes when the distension is very great the fluctuation is somewhat obscure; in such cases the fluctuation may be more clearly perceived by pressing below the umbilicus and tapping on the sides. Another mode, termed peripheric or superficial fluctuation, has been proposed by M. Tarral. Both hands are placed on the abdomen near each other, the fore-fingers being parallel; if percussion be made with either of the fore-fingers, a kind of undulatory motion will be felt by the other index finger. (*Vide Piorry du procéne opératoire à suivre dans l'exploration des organes par la percussion médiate, Paris, 1830.*) It is of great consequence correctly to determine whether fluid exists or not before the operation of paracentesis abdominis is attempted, as instances are on record of the trocar having been inserted and no fluid has escaped; a circumstance which must place the practitioner in a very awkward position. Another mode of exploration is termed

ON THE SYMPTOMS, CAUSES, AND TREATMENT, OF PUERPERAL INSANITY.—BY JAMES REID, M.D., LONDON. OCTAVO. p. 37. PAMPHLET.

The papers of which the pamphlet before us is composed have already appeared in the first and second numbers of the journal of *Psychological Medicine and Mental Pathology*. The subject matter is treated with considerable ability, the author having brought together, with no small trouble, a mass of evidence that is of great value, and well worth referring to for information by those who may feel interested in so important a subject. We cannot enter lengthily into its merits, but will give a quotation or two which we think will dispose our readers to read the paper, in the excellent journal in which it has already appeared. After defining what is meant by the term "insanity," the author proceeds to state—"From the period of conception, during the whole term of gestation, and up to the termination of suckling, there is an amount of nervous irritability and excitement in the system, which strongly predisposes to cerebral affections; but the two principal epochs at which this excitability becomes the most dangerous are *immediately after parturition*, and at a later period, when the system is exhausted by a too long-continued application of the infant to the breast. We find cases recorded in which cerebral disorder has commenced immediately after conception, and ceased at the period of quickening: in others, again, it has persisted throughout the whole term of gestation, but terminated on delivery taking place; whilst in more rare cases it has still continued until lactation was relinquished. The whole cerebro-spinal system is much excited during pregnancy, and more especially in the puerperal state; the senses are often extremely vivid, and the slightest impressions agitate the mind, which is thus ready to receive any false impressions which may be brought out by a sudden shock, or unexpected and exciting cause: hence the powerful influence of fright, surprise, or other strong emotions, in this condition of the nervous system, acting on a mind already predisposed to mania by some hereditary influence."

Speaking of the paucity of good authorities on this subject, the author pays a well merited and just tribute to the memory of Dr. Gooch, whose chapter "On the Disorders of the Mind of Lying-in Women," is one of the best we can refer to: he strongly recommends also the perusal of Esquirol's work.

Some interesting statistics are given in the Hanwell reports, out of 703 female cases, ten were from suppressed menstruation. In the Salpêtrière, out of 361 cases, fifty-five arose from irregularity of menstruation. Indeed *any serious disturbance in the uterine functions speedily affects the brain*, hence females are liable to insanity at the period of menstrual cessation. The author then proceeds to the consideration of insanity during pregnancy, during labour, and during protracted lactation. Child-birth and suckling furnish a large proportion of cases—according to Esquirol, 144 to 1119—in the Charenton, 10 to 256—Haslam, 84 to 1644.

The causes of insanity are then spoken of, prognosis—duration—termina-

tion—liability to return—and lastly the treatment—physical and moral;—from the latter we glean that bleeding is cautiously advised except in phrenitis—emetics and purgatives of great utility and of very general application. Anodynes (where attention has previously been directed to the bowels) of great use, particularly opium. Counter irritants occasionally very useful. Chloroform has been used, but discontinued from the serious effects produced, but of which the author does not give any account. As will be expected, the moral treatment is highly important, but does not differ from that employed in other forms of insanity. This work is interspersed with valuable cases illustrative of each department, and does Dr. Reid great credit for the careful manner in which it is written. We trust it will have extensive perusal, being convinced that the time spent upon it will not be lost.

NOTES ON THE ANÆSTHETIC EFFECTS OF CHLORIDE OF HYDRO-CARBON, NITRATE OF ETHYLE, BENZIN, ALDEHYDE, AND BISULPHURET OF CARBON.—By J. Y. SIMPSON, M.D., EDIN.

Dr. Simpson has instituted a series of experiments on different anæsthetic agents lately discovered, particularly the chloride of hydro-carbon, nitrate of ethyle, benzin, aldehyde, and bisulphuret of carbon. Certainly, no small praise is due to the Professor for the energy he displays in searching after the truth in the application of anæsthetic agents, not content with merely observing their effects on others, he tests their powers upon himself, or on friends on whose veracity he can rely. On the CHLORIDE OF HYDRO-CARBON—spec. grav. 1.247, which boils at 148°; its formula being C. 4, H. 4, Cl. 2.; is certainly a powerful anæsthetic, but produces great irritation in the throat, which does not leave the parts for many hours afterwards.

NITRATE OF ETHYLE.—Spec. grav. 1.112; boils at 185°; compounded of (C. 4, H. 5,) O, N. 0.5, or Ac. O, N. 0.5; easy and pleasant to inhale, powerful and rapid anæsthetic properties, but attended with great noise and fulness in the head before the effect is produced. Afterwards the head-ache and giddiness continues for a considerable time.

BENZIN.—Spec. grav. 0.85; boils at 186°; formula C. 12, H. 6. On inhalation the ringing noise was so intolerable as to preclude its use as a general application.

ALDEHYDE.—Spec. grav. 0.791; boils at 72°; formulæ C. 4, H. 3, O. 10 aq. According to Professor Poggiale its anæsthenic properties are more prompt and energetic than æther or chloroform—few, however, are capable of inhaling a sufficient dose from coughing, dyspnœa, to an insufferable extent similar to spasmodic asthma,—these effects were existent for some time after.

BISULPHURET OF CARBON.—Spec. grav. 1.272; boils at 108°; formula C. S. 2.; a rapid and very powerful anæsthetic agent, head-ache giddiness continued some hours after. It is difficult to regulate its operation; in one case where an operation was performed, its effects were discoverable sixty hours afterwards. Its odour is also extremely unpleasant.

None of the five anæsthetics mentioned in this account are comparable with chloroform or sulphuric æther, in their manageableness or in their effects, and the after consequences which all of them tend to leave, are too severe and too frequent to admit of their introduction into practice. They are more interesting logically than therapeutically.

OBSTETRIC RETROSPECT FOR APRIL, 1848.

PRACTICAL MIDWIFERY—ANÆSTHETIC AGENTS. — We have in another place given a summary of the results of a series of experiments by Professor Simpson on these agents, and therefore direct the attention of the reader to it.

CHLOROFORM IN LABOUR.—Wm. Hallum, Esq., gives a case of impaction in the pelvis, in which chloroform was given, which brought the patient in a minute within its influence, and, to his astonishment, uterine action was suspended, the child was turned and delivered, the patient perfectly unconscious of the operation. [We do not wonder that uterine pains were suspended simply because Mr. Hallum forgot that it was not necessary to put the patient so deeply under its influence for labour as for surgical operations; for, if so, uterine pains of a certainty will be suspended. Why Mr. H. was necessitated to use the cold *douche* we cannot conceive—why not leave her alone? we never see any necessity of either suffocating or drowning our cases after its application, after a little while they awaken of themselves dry and comfortable.—ED.]

CHLOROFORM IN MIDWIFERY.—R. Phillips, Esq., at last comes forward with his views on this important question in the *Med. Gazette*. From the philosophical mode in which he commences his paper, and its heroic style, we expected a brilliant result drawn from a wide experience, when, lo! he brings forward but one case, in which the object was very imperfectly exhibited, and his conclusions amounting to something less than nothing upon it.

CHLOROFORM IN MIDWIFERY.—In the *Lancet*, April 15, a Mr. Howey asks if it has been noticed that the odour of chloroform can be detected in the breath of the infant for two or three days after birth.—(We should be inclined to doubt it.—ED.)—In the same number of the *Lancet* Mr. Barnes gives a long contribution on the application of chloroform; we dislike the spirit in which the article seems to have been written. As a compilation of facts it is imperfect, and should either have gone farther, or not so far, and the whole is tinctured with prejudice if not with worse feelings: Professor Simpson need not be under any serious apprehension from the attacks of one of Mr. Barnes's calibre.

PUERPERAL CONVULSIONS TREATED BY CHLOROFORM.—Messrs. Clifford, Fearn, and Wilson, relate cases of the successful exhibition of chloroform. Mr. Clifford's case after half a minute produced tranquil sleep, and in forty-five minutes, safe delivery.—*Med. Times*. Mr. Fearn's case was equally effective, and allowed of safe delivery by the crotchet.—*Med. Gazette*. In Dr. Wilson's case also the convulsions were allayed and safe delivery effected.

CHLOROFORM.—EFFECTS ON THE CHILD.—In the various journals repeated hints are given as to the probable effects (injurious we suppose they mean) on the child, without adducing any proofs of such being the fact. There does not appear to be the slightest reason for such a supposition, not even where it has been used for hours together, nor do we believe such to be the case. A great outcry was raised against the ergot on the same ground, the parties however forgetting that pelvic and uterine pressure, long-continued, might satisfactorily account for most, if not all, the cases advanced. A Mr. Malan, in the *Lancet*, April 29, pursues this ignis fatuus still further; in respect to chloroform he says “how can we as yet know or ascertain the probable consequences of its use on the brain of the child? How can we calculate the ultimate consequences of its action in reference to the development of the mental faculties? [We are not inclined to battle with difficulties that do not exist: it is enough to contend with those we know, and of greater utility than to create imaginary ones.—ED.]

EXTRA-UTERINE FŒTATION.—A paper on this subject was read before the Med. Chirurg. Society, London, by D. Dalrymple; which, from the appearances, *post-mortem*, the author supposed to have escaped from the uterine cavity about the period of quickening. Dr. Lee, however, opposed this opinion; as at the time there were no decided symptoms of rupture of the uterus; he considered it an ordinary case of *ventral conception*. [Easy to assert, but difficult to prove. We suppose the Doctor strictly meant ventral gestation, as *conception* must always be in one place, the where and how of which is not even yet determined.—ED.]

COMPRESSION OF AORTA IN POST PARTUM HÆMORRHAGE.—M. Escalier, in a severe case, succeeded by compression of the aorta by his hand, above the umbilicus, and considers this mode useful, not only in arresting the flow of blood towards the uterus, but also by sending it back towards the brain, prevent those convulsions which so frequently occur after, or during severe hæmorrhage, and often prove fatal.—*L'Union Médicale*. In the *Prov. Med. and Surg. Journ.* is a translation of an article by M. Scutin, on Compression of the Aorta for Uterine Hæmorrhage, in which he maintains that it is not only a temporary relief but a permanent cure, and should not be looked upon as a *dernier resort*, but as a valuable resource under all circumstances, and ought to arrest the attention of the profession, although such men as Siebold, Velpeau, Saxtorph, &c., think but little of its advantages.

DYSTOCIA.—In the *Revue. Medico. Chirurg.* is recorded a case of twins. The first child came footling, and from the difficulty of disengaging the head, it was found that the head of the second child also was engaged with that of the first in the pelvis. The latter child was dead.

SPONTANEOUS EVOLUTION.—Mr. Edwards, in the *Lancet*, records a case of this nature, where he failed in attempting to turn, and was about to use the perforator when, *he says, the arm was withdrawn* after the expulsion of some fæces, and the breach descended. [Spontaneous evolution is very much misunderstood by practitioners in general, as to the mode in which it is effected, the duty of the accoucheur, and the classification of the cases.—ED.]

SUPERFŒTATION.—E. Horlbeck, M.D., in the *Charlestown Med. Journ.*, U. S., relates a case of the expulsion of two fœtuses at one birth; the one a full-

grown foetus of six months, the other about seven or eight lines in length, and apparently of about six weeks' gestation. Dr. Horlbeck enters lengthily into the question of arrest of development and superfœtation, inclining to the latter, although the proofs are not more clearly displayed by him than heretofore. [Our own opinion is in favour of arrest of development;—we scarcely think superfœtation possible, except in a case of double uterus; at any rate we have scarcely yet seen a case that might not have been explained satisfactorily on the score of arrest. Superfœtation requires a long stretch of imagination to make it an admissible theory, and something more than is at present known must be promulgated before we adopt it.—ED.]

INDUCTION OF PREMATURE LABOUR.—A Mr. Evans, in the *Lancet*, April 8, 1848, instances two cases of difficult labour, in which he subsequently induced premature labour, but enough is not said about the capacity of the pelvis to prove such a mode of practice fully justified; it is not difficult labour in the common acceptance of the word that will warrant induction of premature labour at all times.

RETENTION OF DEAD OVUM.—In the *Philadel. Med. Exam.* Dr. Upshur, Norfolk, V. United States, relates a case where menstruation occurred in November, 1846, and became pregnant almost immediately after; in January subsequent hæmorrhage per vaginam occurred, after which the breasts became flaccid, and the morning sickness formerly present entirely ceased. On the 30th of July, six months after the hæmorrhage, she aborted a foetus three inches long, with a funis of six inches in length. There was not the slightest putridity detected in the ovum. [Such cases as this, where twins are conceived, and some accidental circumstance occurs to destroy the vitality of one, consequently its growth and development are checked, and, as is proved in this case, protected in utero from putridity, goes far to explain nine-tenths of the cases called by *wonder seekers* superfœtation. In single conceptions, where the dead ovum has been retained, cases are recorded, some of which are very extraordinary *if true*. One mentioned by Albosius in Wolphius's *Gynæciorum*, &c., 1564, retained 28 years. Another by *Fournier*, 31 years. Another from the *Cas Rares*, 23 years. These cases appear well authenticated and agree in two points—all were converted into an ossified mass—and all were free from putridity.—ED.]

RETENTION OF BLIGHTED OVUM.—In the *Lancet*, April 29, Mr. Ridge quotes from his *Obstetric Note Book* three cases of retention of the blighted ovum. He refers for explanation on this phenomena to a work of his own, where he states—"The connexion between the uterus and the ovum is of such a character, that an immediate separation between them would endanger the life of the parent. The consequence is, that a blighted ovum may remain in utero from a fortnight to six months, and more. The ovum may be blighted either totally or partially; totally, when the placenta and embryo are both affected. . . . When this has thoroughly ensued, Nature, too cautious and too wise to permit the presence of such a body, soon rejects it; and she does this for several reasons, the two principal of which are, that it interferes, in the first place, with the return of the previous functions of the containing organ, the uterus; and secondly, that being of no further use, the sooner it is discarded the better. Next, the ovum may be partially blighted; this occurs

when the embryotic existence within it is entirely destroyed, whilst the placental portion is not. In this state, the placenta keeps increasing in size, as if unaware of its ultimate uses being at an end—namely, to nourish a fœtus. Arriving at a certain stage, however, it finds its labour useless, and it gradually ceases its efforts; perfect though it may be in itself, it can arrive only at a prescribed point of usefulness. When the supply of catamenial fluid from the uterus is unable any longer to be appropriated, it gradually lessens, until, at last, it stops altogether; after which time, the ovum becomes as foreign a body as when totally blighted, and the same laws for its expulsion begin to operate. . . . The difference between the two phenomena is this: that the totally blighted ovum is ejected in a period varying from one to five weeks, more or less, whereas the partially blighted ovum is ejected in from one to six months, more or less. I have seen many cases where the size of the patient has gradually increased to the fourth month, and after that period, a gradual decrease has ensued till the sixth month, when the ovum has come away. . . . A totally blighted ovum is firm and small, and comes away without much difficulty or flooding; a partially blighted ovum is more or less attended with uterine or labour pains and flooding. . . . A double ovum may become blighted, either wholly or partially, and an interval elapse between the expulsion; or a double conception occur, in which one child will live to maturity, and the other be blighted in the ovum.” [We think with Mr. Ridge that the field of embryology, utero-gestation, and abortion, present phenomena which are far from being satisfactorily explained. Nor does Mr. Ridge help us out of the difficulty. The cases of retention of twenty or thirty years are not touched upon by him, alluded to in another paragraph of our retrospect.—ED.]

DISEASES OF WOMEN.—RETROVERSIO UTERI IN THE SIXTH MONTH OF UTERO GESTATION.—A case is reported by J. Seddon, Esq., the patient aged 38. First pregnancy, but had previously miscarried once. An attempt was made to restore it to its normal position but failed, at the termination of the sixth month: uterine pains being strong and the funis descending through the os. Without any alteration of the position of the uterus delivery was effected, which after being completed, another attempt to restore the position of the uterus failed. Seven weeks after, the organ being still retroverted, a third unsuccessful attempt was made. Mr. Seddon is inclined to believe that the difficulty arose from the long displacement of the parts, and the organ accommodating itself to the position. [The case is a singular one; but we think when the uterus has assumed its normal unimpregnated size, it ought and might be remedied.—ED.]—*Prov. Med. and Surg. Journ.*

ULCERATIONS OF THE OS AND CERVIX UTERI.—Dr. Robert considers them to arise from simple inflammation, and from specific causes. Those from inflammation vary according to the modifications occasioned by the inflammation on the diseased texture, and not from its diversity of anatomical structure. If ulceration be superficial, the uterine tissue is not altered, but in old standing cases there is always congestion. Ulcerations may be excoriations, granular ulcerations, fungous ulcers, or callous ulcers. The discharges may become contagious under excitement, or the approach of menstruation; but are innocuous by long duration. Specific ulceration he enumerates as

herpetic, scorbutic, scrofulous, diphtheric, and syphilitic. In the treatment of simple ulceration, Dr. Robert advises cold washes with mineral waters, blisters on the hypogastrium, leeches to the cervix, baths of mineral waters, &c. As to cancerous affections, beyond excision as recommended by Lisfranc, to which he is but little inclined, the author suggests no particular treatment.—*Medical Times*.

SORE NIPPLES.—Mr. Lucas, *Lancet*, April 15, recommends greased tissue paper, to protect the nipples and to facilitate the healing process.—[We have found the thin membrane from mutton suet to answer the purpose far better.—Ed.]

DISEASES OF CHILDREN.—CONGENITAL CEPHALIC TUMOUR.—At the Edinburgh Obstetric Society Dr. Keiller reported a case on which an attempt at removal had been made. Its shape was pyriform, elastic, and compressible, situate near the mesial line of the occiput, exceeded in bulk the child's head, which was fully developed and well formed. Its connexion at the root could not be ascertained. On its being roughly handled the child evinced no uneasiness—no subsidence on pressure, nor tenderness, nor pulsation, occurred in the tumour when the child cried. There were no symptoms of pressure on the brain or spinal cord, no convulsions, &c. The tumour was removed; it consisted of cysts containing straw-coloured serum. The child sucked vigorously after the operation, but gradually sank on the following day—no post-mortem allowed.

INTERMITTENT FEVER IN AN INFANT.—S. S. Dyer relates a case of a child ten months old, in which the symptoms of the intermittent type were clearly marked, which gave way to the disulphate of quinine in mixture (the only way it ought to be given).—*Med. Times*.

PHTHISIS IN CHILDREN.—Dr. West continues his valuable lectures in the *Medical Gazette* on phthisis; the lecturer is full of interest in describing the auscultatory signs, the different forms, its duration, modes of death, prophylaxis, and treatment. With respect to the latter, the lecturer observes on prophylactics, one of the best is to keep the child at breast twelve or eighteen months.—[Which may be very true, but in our opinion the remedy is quite as bad as the disease, for marasmoid affections are the certain result of long suckling, and which, sooner or later, are as fatal as the genuine phthisis.—Ed.]—The selection of a healthy nurse where the mother is consumptive—feeding and clothing, well-aired rooms, removal to warm climate when the weather is cold and moist. Early catarrhal symptoms timely checked by mild means not to be neglected, until severe means are necessary. As to remedies, iron and quinine, with mineral acids, are our best tonics; where the bowels are relaxed, extract of bark and logwood may be substituted.—If the disease partakes of bronchial phthisis, with the glands of the neck affected, the syrup of iodide of iron may be given with advantage.—If there is sickness and paroxysmal cough, hydrocyanic acid and Battley's liq: cinchon. may be given where even the mildest tonics are scarcely admissable. Blisters and sharp embrocations are very proper early; but *bleeding at all times should be avoided*. When the cough becomes habitual, vin: ipec: with antimony and laudanum. Opium is necessary in all its stages to check relax, and relieve suffering, in spite of the caution necessary in using it to children.

CONGENITAL UMBILICAL HERNIA.—At the Medical Society of London, Mr. Newth shewed a specimen; the child lived four days. The small, and a portion also of the large intestines, were visible in the tumour.—*Med. Gaz.*

MALIGNANT SCARLET FEVER.—We refer to our own pages on this subject by J. M. Coley, M.D.

CONVULSIONS OF THE FIRST SEVEN YEARS.—Dr. P. Murphy, at the S. London Medical Society, read an excellent paper, March 30, on this subject. The proximate cause of which, he concluded, was pressure on the brain, either from arterial blood, venous blood, water, or newly-formed solid substance. He regarded convulsions as a salutary effort to eject the pressing matter from the brain, analagous to rigors after a chill. The remote causes are worms, irritant medicines, anæmia, whooping cough, and exanthemata. He doubted dentition as a common cause, for he had often observed the gums lanced without benefit, and other remedies had to be resorted to: toothache in children never produced convulsions. The younger the child the more disposed to convulsions.—[The discussion on this paper elicited nothing but the apparent determination to stick to old rules, whether right or wrong. We agree with the author, that frequently little or no good is effected on convulsions by lancing the gums, even when teething is the esteemed cause,—simply because, when once the nervous system is fully excited, it will not immediately be allayed by removing the cause. Often emetics will be far more effective than lancing, as telling more immediately on the nervous system. Still we think the author would have been more strictly correct to have included teething among the causes of convulsions.—ED.]

FUNCTIONAL PARALYSIS OF CHILDREN.—See our own pages, by J. M. Coley, M.D.

PHYSIOLOGY AND PATHOLOGY.—DOUBLE UTERUS AND VAGINA.—Dr. Huguier presented a woman to the French Academy of Medicine, who became pregnant in one half of the uterus. After delivery, the breast corresponding with that part of the uterus, viz. on the same side only, exhibited signs of lactation.—*Compt. Rend. de l'Acad. de Medicine.*

ARTIFICIAL VAGINA.—Two cases are related by Dr. De Bal, in the *Annales et Bullet: de la Société de Méd. de Gand*, July, 1845. In cases of occlusion by an incision between the urethra and rectum; in both cases a large amount of viscid blood was discharged (*pent-up menstrual secretion*). The age of both cases was 18. Both recovered.

FIBROUS TUMOUR OF THE UTERUS.—Dr. Russell, at the Birmingham Pathological Society, exhibited a small fibrous tumour of the uterus embedded in its muscular coat, from a woman of middle age and mother of two children, who died from perforation of the stomach, but without any symptoms indicative of uterine disease.—*Prov. Med. and Surg. Journal.*

INDURATION OF THE PLACENTA.—The labour was preceded by hæmorrhage, which was renewed after the birth of the child. The placenta was adherent to the fundus, and not easily extracted, after which the hæmorrhage ceased. About two inches and a half broad, at one edge was white, udder-like, and indurated, and this was the part adherent. It appeared the result of inflammation.—*Prov. Med. and Surg. Journal.*